

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/936957

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS						
	IND.	DER.	IND.	DER.	IND.	DER.	1		2		3	
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TOTAL IND.	10		11									
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* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS